

## **The Consumer's Voice – a Health Care Forum**

**April 25, 2008**

**Bozeman, Montana**

Results from individuals and groups (note: similar thoughts from various individuals worded in various ways – repetition NOT removed for emphasis)

### **What would be the worst possible outcome if we do nothing to address the health care system?**

- Bankrupt our country OR: little care for the elderly whom have no families to care for them, care for only the wealthy, other government programs receiving little support
- Higher mortality rate rise in epidemic diseases
- Decreasing access to health care for the at risk population – disadvantaged – elderly, poor, creating a greater disparity than currently exists.
- Costs continue to rise, outcomes continue to be poor as compared to other nations, and the nation's health will get worse and morbidity and mortality rates rise.
- Continued lack of health care to uninsured and lack of health care
- Resources to Medicare recipients
- Our population will grow unhealthier and have less access to healthcare due to its affordability.
- Businesses will become uncompetitive primarily due to high health care costs.
- Less physicians will be willing to practice due to constraints due to malpractice insurance and low reimbursement
- Lower life expectancy
- Increase cost insurance
- Decrease folks with insurance
- Increase costs
- Decrease consumption of health care
- Increase latent care and/or response to needs
- Increase underinsured
- Poor healthcare outcome
- Overtaxed system
- Underserved people
- The disparity in healthcare would only continue to increase. Right now the uninsured and underinsured are staggering numbers. Over 600,000 people in the US declare bankruptcy each year due to the health care crisis.
- Infant mortality is high.
- Life expectancy is 20<sup>th</sup> in developing countries –
- No one will be able to afford health care except for the wealthy
- Increase cost- becomes increase business driven
- Premature death
- Lack of access to providers (both Medicare and Medicaid recipients) – decreases numbers of providers
- Disproportionate numbers of providers (lack in rural areas)
- Get sicker (lack of preventative services)
- Drug companies continue to drive our health care industry
- Decreasing access to health care for the at risk population – elderly, poor, young, economically disadvantaged
- Higher mortality rate at earlier age
- Shift in chronic disease burden to lower SES groups (increase disease incidence)
- Worsening of our national health
- Increase in unhealthy people, increase cost unable to treat, increase mortality
- Continued lack of health care to underinsured – decrease accessibility
- Costs increase for healthcare
  - Health disparities (only wealthy are insured)
  - Increase tax burden: medicare/medicaid
  - Increase insurance costs: personal, business
- Increase latent care/response to healthcare needs
  - Fragmented care

- Iatrogenic/medically induced conditions
- Life expectancy decreases
- Poor outcomes
- Fewer healthcare and non specialists
- Corrective treatment vs. primary prevention
  - Overtaxed system – more needs/fewer providers
  - Other non healthcare programs underfunded
  - All consumer goods will increase costs

**What would be the best possible outcome of a change in the health care system?**

- Healthier population – stronger nation
- Cooperation among health care disciplines
- Satisfied consumers – givers
- Affordable access to health care
- Preventative model – tune ups yearly; active participation; team approaches
- For groups with insurance – health care is accessible
- Affordable healthcare for all
- Crusade for movement fitness.
- Affordable, accessible system with single payer (govt) and decrease special interest influences from insurance and pharmaceutical cartels.
- We begin to look at all of the underlying causes of poor health and began to address these issues
- Looking at our institutions and environments and policies that affect how people live and barriers to good health
- Schools, workplaces, community design
- Policies to improve nutrition and increase physical activity in all these settings
- More expendable monies for the consumer
- Everyone insured
- No one would be bankrupt because of health care costs or insurance costs.
- The amount of GNP spent on health care would be decreases to 10-15% of GNP
- Administration would be simplified and costs would be decreased fraud would be decreased – no profit in it.
- No insurance co. would be allowed to make a profit.
- Costs increased only in line with inflation index
- Decreased uninsured numbers, preferably universal coverage
- Decrease obesity, decrease diabetes or other chronic diseases
- Tort reform
- Cost is driven in line with CPI
- Prevention at forefront
- Healthcare is affordable to everyone
- Education
- Choice for consumers
- More cost efficient
  - Medical liability reform
  - Administrative reform
- Insurance reform
  - Nonprofit vs. for profit
  - Equal access
- Increase national health
- Decrease stress (social)
- Increase expendable monies
  - Societal
  - Personal
- Coordinated care
- Increase consumer confidence
- Increase productivity
- Prevention services – greater accessibility priority

- Increase physician "job satisfaction"
- Increase health care worker satisfaction
- Universal health coverage – 1 payer system
- Pay people to stay healthy
- Preventative model
  - Tune ups
  - Education
  - Accessibility
  - Motivation – active participation
- Decrease GNP and increase availability for other economic issues
- Coordination /communication among healthcare providers
- In depth look at "the way we are living"

#### **What aspects of the current system are working well?**

- Smoking ban in community (bars, restaurants, etc)
- Some health care plans
- MT AIDS council
- Missoula Aging Services
- Tobacco awareness
- Bozeman school wellness program (employee)
- Community health partners
- School lunch program (poor transition to educate kids)
- Galavan
- Young at heart
- EMR (electronic medical record (in process)
- Smoking cessation
- Anti-meth campaign
- If you have insurance – works ok
- Self funded insurance programs option for certain age groups
- Medicaid as a system
  - If you are a consumer of health care
    - Ease of access
    - Availability of services
    - Minimal impact to consumer financially
- U of M New Directions program
- Big Sky rx program – covers Medicare Part D drug coverage
- Farm to School Program
- MT Medical savings acct
- Free preventative screens (Bozeman Deaconess)
- Biggest Loser competition
- Availability of generic drugs
- Senior center pedometer center
- Infant car seat
- Drinking and driving
- GCC
- Health savings accts